



Presbyterian Health Plan  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
[www.phs.org](http://www.phs.org)

July 15, 2009

Dear Healthcare Provider:

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to ensuring that our provider network is kept apprised of changes that affect the way in which health care is administered.

The Centers for Medicare and Medicaid Services (CMS) requires that you notify patients or their legal guardian of when their Medicare coverage will end for a specified stay. CMS mandates that this be done 48 hours prior to their discharge from your facility. The enclosed CMS approved form must be completed with the appropriate patient information and the date the coverage will end. It should be signed by the patient or their legal guardian and placed in the patient's medical record. This form also includes information on the patient's appeal rights and is available electronically on the Provider Web page at <http://www.phs.org/PHS/healthplans/info/communications/index.htm>.

Please feel free to contact me using the information listed below. You may also contact your Provider Services Coordinator. We are available Monday through Friday from 8:00 a.m. to 5:00 p.m.

As always, thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia d. Montoya".

Cynthia Montoya, Network Manager  
Provider Services  
(505) 923-5649  
[cmontoya@phs.org](mailto:cmontoya@phs.org)

[PPC070904]

*Presbyterian serves to improve the health of individuals, families, and communities.*